

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006063**1. Entity Name
OPTIUM, INC.**Principal Place of Business**

880 KENSINGTON GARDENS COURT

OVIEDO
32765

FL

Mailing Address

880 KENSINGTON GARDENS COURT

OVIEDO
32765

FL

2. Principal Place of Business

3403 TECHNOLOGICAL AVE

3. Mailing Address

3403 TECHNOLOGICAL AVE

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32817

Country**Zip**

32817

Country**4. FEI Number**

59-3684497

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

FL

US

7. Name and Address of New Registered Agent**Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/08/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	TCD	<input type="checkbox"/> Delete
NAME	LI GUIFANG	
STREET ADDRESS	880 KENSINGTON GARDENS COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIKAMWA PATRICK	
STREET ADDRESS	880 KENSINGTON GARDENS COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI GUIFANG	
STREET ADDRESS	880 KENSINGTON GARDENS COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	CSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIKAMWA PATRICK	
STREET ADDRESS	880 KENSINGTON GARDENS COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick Likamwa

CSO

02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)